AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Wills' Hospital—Service of Dr. Littel—*Cases discharged from April 1st to July 1st,* 1851.

	Cured.	Relieved.
Acute conjunctivitis,	1	0
Chronic do.	3	0
Catarrhal do.	5	0
Strumous do.	9	0
Granular do.	12	1
Iritis,	9	0
Cataract,	1	0
Partial amaurosis,	3	2
Opacity of the cornea,	1	1
Ulcer of the cornea,	3	0
Corneitis,	3	0
Ophthalmia tarsi,	3	1
Injury of the eye,	1	0
Closure of the pupil—operation deferred.		
Adhesion of the lid,	0	1
Coxalgia,	0	1
	—	—

Wills' Hospital Dispensary—cases treated:—

Acute conjunctivitis,	8	Tumour of the lids,	5
Chronic do.	21	Injury of the eye,	13
Strumous do.	26	Entropium,	3
Catarrhal do.	4	Partial amaurosis,	17
Granular do.	13	Fungus hæmatodes,	1
Purulent do.	2	Closure of the pupil,	2
Phlyctenular ophthalmia,	12	Neuralgia of the eye,	3
Pustular do.	5	Inflammation of lachrymal sac,	4
Rheumatic ophthalmia,	3	Obstruction of do	3
Ophthalmia tarsi,	14	Fistula lachrymalis,	1
Ulcer of the cornea,	13	Ptosis,	1
Particles of steel in cornea,	5	Pterygium,	3
Opacity of cornea,	9	Corneitis,	3
Cataract,	4	Staphyloma,	3
Iritis,	9	Diseases not ophthalmic,	9
		Total,	219

Constitutional Treatment.—In the management of *all* forms of ophthalmic disease, Dr. Littell makes it a primary object to attend to the general health of the patients, but especially in the management of the various forms of strumous ophthalmia, and bad cases of granular conjunctivitis. He proceeds, first of all, to restore to a healthy activity all disordered functions, and this accomplished, he endeavours in strumous subjects to change the diathesis, and invigorate the system by free exercise in the open air, by a simple and nutritious diet, by the judicious use of the bath and by tonics, quinine and iron being preferred in most cases. In the treatment of those obstinate and intractable cases of chronic granular conjunctivitis, of which there are always so many in this hospital, he deems it all important to improve the general health and sustain the strength, while at the same time he employs such local astringent applications as are best adapted to each particular case, preferring, in using the nitrate of silver, generally the weaker solutions applied carefully to the inverted lids with a camel's hair pencil. The tonic which he prefers is quinine in connection with a generous diet and a moderate exercise in the grounds attached to the hospital, when the conditions of the eyes do not forbid too great an exposure to the light. (These patients are always exposed to as much light as they can bear without causing pain or irritation in the eye.) The cod-liver oil, so much used recently in the hospital, to correct the strumous diathesis and to improve the constitutional vigour in bad cases of granular lids, is not a favourite with Dr. L. He entertains the opinion that the results ascribed to this remedy are due to other causes—the discontinuance of irritating applications, the addition of a highly nutritive article to the ordinary meagre diet of a hospital, the season of the year, &c. &c.—and can be more readily obtained by less nauseous agents.

Iritis.—An unusual number of cases of iritis were treated in the hospital during this service of Dr. L. In the majority of the cases, the disease yielded readily to the usual plan of treatment, and when the cases came under treatment before the results of the disease had taken place, no permanent injury in any instance resulted to the eye. A few of the cases treated did not yield readily to the mercurial impression, and were only relieved after a protracted course of treatment, during which time other less efficient remedies were used as adjuvants to mercurials; the ultimate results in these more difficult cases were entirely satisfactory. It should be remarked here that it is an invariable rule in this hospital to keep the ext. of belladonna constantly painted on the brow and lids during the treatment of iritis, to obviate, if possible, a closure of the pupil. In the use of mercurials in the treatment of iritis, Dr. L. is extremely cautious; he finds that he can procure all the good effects of this essential remedy, while at the same time he avoids those injuries so often inflicted upon the constitution by its too free and indiscriminate use. He also finds that a careful perseverance in the use of mercurials, for a long time after active disease has subsided and left the pupil blocked up with lymph, does far more than is generally supposed to obviate the results of the iritic inflammation, and restore vision. This fact has been well illustrated recently in the hospital, in the person of a young married woman who was admitted in January last for the relief of the results of a syphilitic iritis which had run its course. When she came in, she was entirely blind, and in a miserably broken-down condition of the general health, and covered also with a syphilitic eruption. Dr. Parrish, who was then on service at the hospital, put her upon the use of the iodide of mercury, one grain three times daily, in combination with guaiac and lactucarium; this, in connection with a full tonic course, was continued for months, when the gums became a little swollen; as they did but two or three times, the mercurial was suspended for a day or two, and then resumed again. Her improvement was slow, but constant; the eruption faded, and the lymph gradually thinned away from the contracted pupil, and in February she could find her way about the ward; in March, she could distinguish objects without much difficulty, and in April she could see to read large print. In June, when discharged, the pupil of the right eye was quite clear, and as large as that of a healthy eye in a good light. The left eye did not improve much; it is quite soft and flabby, and probably its internal tissues are in part disorganized.

Artificial Pupil.—Peter McCarty, an Irish labourer, æt. 30, of good constitution and fine health, was admitted to the hospital on the 10th of May last. One eye had been entirely destroyed and the other rendered sightless by an attack of inflammation which he suffered in the city of New Orleans. When he presented himself for admission at the hospital, the eye that remained had a dense opacity in the central portion of the cornea—the margin of the cornea was entirely clear. The pupillary margin of the iris for three-fourths of its lower circumference was adherent to the opaque spot; the upper fourth remained free, and left a minute opening through which the rays of light would pass when the lid was raised with the fingers. As the margin of the lid fell below this minute pupil, he was quite blind, when the lid was not raised up with the fingers, and even then he could not see distinctly enough to enable him to walk about with safety. Three attempts had been made by a surgeon in New Orleans to make an artificial opening through the iris, but without the slightest success, and he was given over to hopeless blindness; but, not satisfied to endure so hard a fate without another trial for relief, he determined to come to Philadelphia, and consult the surgeons at this hospital. He accordingly arrived here in May last, and Dr. L., not considering his case hopeless, admitted him, and in due time submitted him to the examination of his colleagues, who, after the usual consultation, concurred in the propriety of an operation. The eye being free from irritation, and the texture of the iris presenting a healthy appearance opposite that part of the inferior portion of the cornea which was transparent, Dr. L. determined to make an opening through the iris at that point. To accomplish this object, he introduced a small iris scalpel through the tissues of the eye about one line behind the iris, and carefully carried the point through it into the anterior chamber. This was attended with extreme difficulty, as the iris lay in close contact with the cornea, and there was therefore not space for the point of the scalpel in the anterior chamber; however, after prolonged and delicate efforts, the point of the instrument was finally carried through the iris, and onward between the iris and the cornea for two-thirds the width of the iris towards the inner canthus of the eye, the cutting edge of the knife turned so as not to wound the cornea. The scalpel was then withdrawn with a gentle pressure of the cutting edge against the iris, making, as it passed out, a free incision; the divided fibres retracted immediately, leaving a triangular opening as large as could be desired. No unpleasant symptoms followed the operation, and, in a few days after, the man was up and walking about the hospital and the yard, seeing his way distinctly. As the vision has remained the same since the operation in the early part of June until now, July 21st, it is inferred that the lens and its capsule were destroyed by the abortive operations in New Orleans. This man's vision, since the time he was out of bed after the operation until now, has been sufficient to enable him to do any kind of horticultural labour with the gardener, whom he has very industriously assisted since he has been able to see and to work. This case has a peculiar interest from the circumstance of its unpromising character in the outset, and from the complete success which followed a well-devised and skillfully executed operation.

Medullary Disease of the Eye.—Two cases of this formidable disease of the eye have occurred in the Hospital Dispensary within the last two years. One has already proved fatal; the other is still under treatment. Andrew Galbrath, the patient first affected, a fine, healthy-appearing lad of six years, was brought to the hospital during the service of Dr. L., on the 9th day of April 1849, three weeks after the eye was first found to be diseased. The first defect noticed was an internal squint, and a partial failure of vision. When first presented at the hospital, the pupil was active and normal in size, but it had a brilliant appearance and amber colour. On looking through it into the interior of the eye, there was visible in the posterior part an adventitious mass of matter, consisting of thin distinct lobes, having the colour of yellowish lymph with a silvery lustre, and filling up almost one-fourth of the interior of the globe. There was still at this time a little strabismus, and some pain also in the temple and brow, with a slight redness of the conjunctiva. The pain and redness of the conjunctiva subsided after a moderate leeching, and did not again return until near the termination of the disease. The general health of the little patient seemed perfect, and continued so until the month before he died. Lugol's solution was ordered for him, gtt. v three times a day, and this he continued to take for five or six months. He was finally compelled to abandon this remedy, as the stomach would no longer tolerate it; no regular medical plan was adopted in its stead. The solution was resumed after a time, but the stomach continued to reject it, and it was finally left off entirely. While taking the solution, the disease remained stationary, and for a time seemed to recede; but, after it was abandoned, the mass in the interior of the eye began to increase slowly, pushing forward the lens against the iris, which ultimately became obliterated. In January, the mass had advanced to the cornea, and the whole globe was visibly enlarged; the sclerotica had become thinner, nodulated, and of a bluish-gray appearance. After this time the appearance of the eye underwent no further change; the cornea remained entire and transparent, and the lid was easily closed over it. In the early part of March, the general health, which had remained good, began to fail, and shortly after the vision in the other eye was lost, though the eye retained a healthy appearance, except, only, that the pupil remained dilated. Soon after this, he complained of pain in the head, became too feeble to walk about, lost his appetite, and inclined to be constantly on his back, pressing the back part of his head deep down in the pillow, moaning, and rolling from side to side; he was also wakeful, and extremely feverish and irritable. April the 1st, he had three slight convulsions, and in the evening of the same day he died. On examining the brain, a large oval tumour was found resting in the position of the chiasm of the optic nerves, involving the nerves of the diseased eye as far as the orbit, and that of the unaffected one for half that extent; posteriorly, it involved these nerves almost to the optic thalamus on the right side, and quite to it on the left; latterly and superiorly, it encroached on the anterior lobes of the cerebrum, and was greatly imbedded in them; the cerebral substance was softened where in contact with the tumour; the tumour was covered by the membranes of the brain, and probably originated in the substance of the optic nerve of the left side—the side of the diseased eye; it had a semi-solid consistence, was yellowish white and granular, and resembled tubercle when beginning to soften. The eye was not examined on account of the opposition of the parents. No disease was found in other portions of the brain.

Henry Coagan, the patient still under treatment, is seven years old, a native of the city; has a fair complexion, and a rather delicate constitution, though his general health seems good. The left eye is diseased, and presents an appearance analogous to that of the other patient's eye when first seen; the only apparent difference consists in the uniform surface of the adventitious mass, it not appearing lobulated as in the other case. The vision is lost, but there is no pain, no redness, no dilatation of the pupil as yet, and no strabismus. He was first brought to the hospital on the 23d day of April last, and has been under treatment since then; he has been brought here now four times in all; the disease has, during this time, remained perfectly stationary; he has been kept steadily on the use of Lugol's solution and the syrup of the iodide of iron, three drops of the former and ten of the latter, given three times daily in the syrup of sarsaparilla.

A. F. MACINTYRE, *Resident Surgeon.*

WILLS' HOSPITAL, *July*, 1851.

Statistics of Mortality of Baltimore, Maryland, in 1850. By L. S. JOYNES, M.D., of Accomack, Virginia. [Extracted from a letter to the Editor.]

Having already furnished you with detailed statements concerning the mortality of the city of Baltimore, during a period of fourteen years, ending with 1849 (which statement was published in the *American Journal* for October, 1850), I will seize the present opportunity to add a word in reference to the mortality for the year 1850. I am chiefly induced to do so by the fact that the decennial census taken in that year enables us to compare the mortality with the population.

The population of Baltimore, in 1850, as given in a publication, believed to be authentic, was as follows:—

White population		141,440
Free coloured "	24,668	27,614
Slave "	2,946	
Total		169,054

Thus it appears that the total population, in the decennial period 1840–50, increased very nearly sixty-five per cent.; the increase of the white population was but little less than seventy-four per cent., and that of the black population nearly thirty per cent.

The mortality for the year 1850, as given in the Annual Report of the Board of Health, was in the

White population		3,725
Free coloured "	641	900
Slave "	259	
Total		4,625

Excluding the still-born (415 in number), the deaths amounted to 4,210.

From this it is evident that, notwithstanding the vast increase of population which the census exhibits, the increase of mortality has been still greater. The deaths in 1850 are more than double the number of those in 1840, and by referring to the tables contained in my paper above referred to, it will be found that this disproportionate mortality was already remarkable in the year 1849, and one or two years preceding. Consequently, the *ratio of mortality to the population*, which I formerly gave, does not hold good for these more fatal years. The ratio for 1850 (excluding the still-born) was 1 in 40.13 of the general population; whereas, in 1840, it was 1 in 50.13; and for the nine years 1836–44, as determined by calculation, 1 in 45.42.

The causes of this excess become evident on referring to the detailed statement of the causes of death, given in the Reports of the Board of Health. I have no design at present to trouble you with the details of the tables for

1850, but will merely state that the deaths from *diseases of the bowels* of the *zymotic class* exceed those of any former years, at least since the beginning of the period which I have made the subject of investigation. The total number of deaths from these diseases—cholera morbus, cholera infantum, diarrhœa, and dysentery—was 651. The only preceding year in which their fatality at all approaches this high number was 1849, when the aggregate was 539. In 1848, the next most fatal year from these diseases, it was but 314. The increased fatality of dysentery is especially remarkable. Thus we find that, in the thirteen years preceding 1849, the deaths from this disease varied from 7 to 46 annually. In 1849 they suddenly rose to 148, and in 1850 to 237. So the deaths from diarrhœa, which had never exceeded 15 in any one year, amounted to 69 in 1849, and 40 in 1850, and those from cholera morbus, of which the annual maximum had been 9, amounted in those years respectively to 32 and 27. The deaths from cholera infantum (amounting to 347 in 1850) exhibit an increase more nearly according with the annual increase of population.

The year 1850 also exhibits a great increase of deaths from *small-pox.* Since the years 1845 and 1846, when 225 persons died of that disease, comparatively few cases of the disease had occurred, the deaths in the three years following numbering 1, 4, and 19 respectively, to which may be added 5 deaths from varioloid and varicella. In 1850, the fatal cases of small-pox amounted to no less than 145, while 8 are set down to varioloid, and 3 to varicella, making 156 deaths due to this group of diseases.

If the excessive mortality from the zymotic diseases which have been mentioned was deducted from the sum total of deaths for the year 1850, it would leave the ratio of mortality for that year almost exactly the same with that which I formerly gave as the average rate for the city of Baltimore.

On Henry's Magnesia. By DAVID STEWART, M.D., of Baltimore.

The physician is frequently asked, "Why Henry's Magnesia differs from the magnesia of the shops?"

I have instituted a series of experiments, which I may hereafter publish in detail, in order to prove that one defect in many (if not all) of the magnesia that is now put up in bottles as a substitute for Henry's Magnesia, is the presence of an appreciable quantity of lime, and that the magnesia called "Apothecaries' Hall," and other varieties of English magnesia, contain a considerable proportion of lime, sometimes amounting to three per cent.

In making the comparison with Henry's, I dissolved ten grains of each sample in about half a fluidrachm of sulphuric acid (previously diluted to measure half an ounce); this solution of magnesia was poured into a test tube, and then mingled gradually with half an ounce of alcohol (35° Baumé): the beautiful needles of sulphate of lime appeared abundantly in almost every specimen, including some of the American imitations of Henry's.

I have repeated the experiments, using an excess of acetic acid as the solvent, and oxalic acid as the reagent: the precipitate formed by oxalic acid under these circumstances was well characterized as oxalate of lime under the microscope, by the beautiful octohedra deposited from the dilute *acid* solution.

I should prefer the former test, and would suggest that it should be substituted for this, under the article "Magnesia," in our National Pharmacopœia, as Henry's will deposit a *few* crystals of oxalate of lime: and it is not expected that magnesia *for medicinal purposes* should be "*chemically* pure."

DOMESTIC SUMMARY.

Experiment of introducing Cancerous Matter beneath the Integument of a Frog.—Dr. LEIDY stated to the Academy of Natural Sciences that he had repeated the experiment of introducing cancerous matter beneath the integument of a frog, which was first announced to the Academy, May 6th.

The cancerous matter was a fragment of encephaloid, taken from a female after death, by Dr. Henry H. Smith. It was almost as soft as cerebral substance. Beneath the microscope it exhibited a structure of very delicate organic cells, containing numerous granules and one or two nuclei.

A portion three-fourths of an inch long, by one-fourth of an inch broad, was inserted under the skin of the back of a frog, on May 8th, 34 hours after its removal from the body of the female. This frog, still living, Dr. L. exhibited to the members, and by an incision through the integument, presented to view the fragment of cancer, which had been introduced, and which had not only formed a vascular attachment to the integument, but for one-half itself was of a fine red colour from the net-work of capillaries which had become developed within it. The fragment had not increased in size. A number of its structural cells remained unchanged, but others had broken down into granular masses.

Dr. L. observed, the experiment not only proved the independent vitality of tissues, which was generally admitted, but also rendered it exceedingly probable that cancer was inoculable, for as, in the experiments, the cancerous fragments continued to live when introduced into cold-blooded animals, they would probably not only continue to live when introduced into warm-blooded animals, but would grow or increase in size.—*Proceedings of the Academy of Natural Sciences*, Phila., June 17, 1851.

New Method of preventing Fats and Fixed Oils from becoming Rancid.—Dr. C. W. WRIGHT, of Cincinnati, states (*Western Lancet*, Sept., 1851) that one of the early settlers of Ohio mentioned to him the following curious manner in which the Indians preserved bear's fat from becoming rancid: In the early part of winter, the fat is removed from the body of the animal and subjected to the *trying-out* process, as it is termed; that is, it is subjected to a degree of heat sufficient to coagulate and separate the azotized matter which subsides to the bottom of the vessel, and the oil is drained off. After this operation is completed, it is melted again with the bark of the slippery elm tree (*ulmus fulva*), finely divided, which may be used either in the fresh or dry state. The proportion is about one drachm of the bark to the pound of fat. When these substances are heated together for a few minutes, the bark shrinks and gradually subsides, after which the fat is strained off and put aside for use.

The bark communicates an odour to the fat that is hardly to be distinguished from that of the kernel of the hickory nut.

Thinking this might be turned to account in the preservation of the fatty matters, Dr. W. subjected many of them to experiment, and in every instance the result was alike successful. One specimen of butter (an article which, it is well known, becomes rancid sooner than any other kind of fat), prepared in this way more than a year ago, is as sweet and free from disagreeable odour as on the day it was made, having been exposed all this time to the atmosphere and changes of temperature.

Hog's lard may be preserved in the same manner.

This fact will be of much importance in the preparation of cerates and ointments, which can be thus protected from rancidity.

On a Peculiar Appearance of the Tongue in Malarial Diseases.—Dr. THOS. C. OSBORNE, of Erie, Ala., states (*Western Journ. Med. and Surg.*, Aug. 1851) that he has remarked an appearance of the tongue which reveals the presence of malaria in the system, in time to enable the physician to remove it before it has exerted any seriously deleterious influence.

"For several years past," he says, "my attention has been attracted to this peculiar condition of the tongue, which, from its invariable position and presence in the diseases and predispositions generated by miasma, may be appropriately denominated the *malarial margin.* As the name imports, it is an essential departure from the normal aspect of the edge, constituting a distinct lateral boundary of the tongue, occupying more or less surface according to the charge of infection in the system. Ordinarily, the colour amounts only to a very faint bluish tinge, which is liable to be lost, or merged in the various tints imparted to the tongue by various diseases. The most fixed condition of this symptom is an appearance of indentation or crimpling transversely, which is apparently confined to the subjacent tissue, while the superficial tegument is moist, smooth, and transparent. In a word, it seems to be a continuation or encroachment of the inferior surface upon the superior and lateral borders of the tongue, greater as we approach the root of that organ.

"My opportunities for noting this appearance of the tongue have been ample during several years, among a considerable population, composed of the white, black, and mixed races permanently residing upon the banks of the Warrior River (in sandy as well as the prairie regions), and in many individuals from other and different sections of this and the surrounding states; and I can truly say that in no instance has it ever failed to inform me correctly of the agency which the remote cause of fever had begun to exert in each individual case. After being once recognized, it is not easily mistaken, and from pointing it out so frequently to non-professional persons of my acquaintance, many of them have become as thoroughly convinced of its significance as myself, and call it, very properly, the "fever tongue." I have frequently, upon seeing a well-defined instance of the malarial margin, predicted fever within a month, and although the individual would be disposed to smile incredulously, and boast of excellent health, the result has generally created in their minds and bodies a different sensation.

"The fidelity of this symptom to the source of its origin is, under all circumstances, fully equal to the importance which I have attached to it. In a considerable number of cases of the different forms of dropsy, neuralgia, and inflammation, it has alone enabled me to reach a correct diagnosis, when every other symptom seemed to deny the agency of malaria in the case. Wherever seen, I have invariably assumed that there existed a tendency to intermittent disease, and upon watching the progress of the case, have as invariably detected this condition. In numerous cases of pulmonary inflammation, where the fever seemed continued, the cough unabated, the oppressive respiration persistent, and the pulse unvarying in its activity, the physical signs have designated with great accuracy the periods of repose and excitement in the course of the disease. In the gastric and intestinal phlogoses, again, whether as causes or consequences of fever, if this peculiar impression is seen upon the tongue, no apprehension need be felt in the administration of quinine, however malignant the case may appear. Here also intermission, varying in degree according to the severity of the disease, is always present, and, generally speaking, the shorter the period of repose the greater the quantity of medicine required, and *vice versâ.* I have not hesitated, in many cases, where the disease was marching rapidly to a fatal termination, to prescribe one, two, and even three drachms of sulphate of quinine at a dose, to be repeated according to the urgency of the indications. Gastro-enteritis, as a complication in the autumnal fevers of our section, is by no means uncommon. On the contrary, in the limits of my practice it exists in a majority of cases. At the present time there prevails on both sides of the Warrior an epidemic diarrhœa, as symptomatic of mucous irritation, which, in a number of instances, resists all the usual remedies given in such cases, but yields readily to repeated doses of quinine, and the daily use of the cold dash. The most active of these cases present unmistakable evidences of gastro-intestinal inflammation of a high grade; but in no instance have I failed, on a close examination, to recognize a quotidian or tertian form of intermittent, and in no instance has the malarial margin been absent from the tongue.

"My tabular report of the diseases of the last month exhibits diarrhœa as the prevailing type of disease, and by reference to that paper it will be seen that there have occurred to me twenty-five cases, in individuals varying in age from three months to sixty years; as respects the treatment, the whole number may be divided as follows, viz.:—

"Of those between the ages of three months and ten years, six required quinine and the cold bath, while five yielded to the administration of opiates and astringents; and of those over ten years, twelve demanded quinine and the cold dash, while only two yielded to opiates and astringents.

"Some of these cases were of an alarming character, and my conviction is that their favourable termination is due to the use of quinine, which I was at first led to administer by the malarial tongue. During the last four years, our country has been visited by an unquestionable form of typhoid fever, and in not one of the cases of this disease which I have seen, has the tongue exhibited the malarial border, but has appeared as if scalded in patches. But the semblance of typhoid fever is assumed by many cases of the autumnal disease, in which, but for this symptom, much apprehension might be entertained, and much valuable time lost to the physician in the treatment, for it is well known that quinine is actually injurious in all stages of the typhoid fever, while in those cases merely wearing its livery, that remedy is not only useful, but essentially necessary to the cure of the disease.

"If the malarial margin were useful only in unmasking this form of disease, its value would be inestimable; but when it points out with equal certainty all other varieties of disease in which miasma exerts a predisposing agency, it becomes a phenomenon of the greatest importance.

"It is not easy to exaggerate the value of a sign by which we detect the operation of the poison in its inception, and are conducted to the true method of suppressing it."

Femoral Aneurism cured by Compression.—Dr. H. N. BENNETT, of Bethel, Ct., relates (*New York Journ. Med.*, July 1851) the following interesting case:—

"Thomas J. Elwell, a blacksmith, 30 years of age, during the winter of 1842–3, suffered from pain about the knee-joint, which he supposed to be of a rheumatic character, and applied only domestic remedies for its relief. After a walk of twenty-two miles over frozen ground, the pain and lameness of the knee increased to such a degree, that he consulted me in reference to it. Upon examination, I immediately detected a pulsating tumour in the popliteal region, nearly the size of a hen's egg, and having all the characteristics of aneurism. This was in the month of March, 1843. At the end of five or six weeks from this date, the tumour had increased considerably in size, so much, that I advised my patient to submit to ligation of the femoral artery at once, as the nature of the difficulty could not be doubtful, and as I had at that time little confidence in any other mode of treatment. Feeling unwilling to endure a surgical operation, he soon went to New York for further advice. He consulted Drs. Mott and Rogers, who both gave him the same opinion which I had done, and urged him to remain at the New-York Hospital for operation. He then passed over to Staten Island on a visit to his friends, where he consulted some physician, whose name I cannot recall, who also pronounced it a case of aneurism, but recommended him to try the effects of pressure upon the tumour. He returned home, and commenced the application of pressure, *himself*, by bandaging the limb from the toes to the knee, and placing a compress of folded cloth directly upon the pulsating tumour. He persisted in this course for two or three months without the least benefit, when he determined to substitute a firmer compress. Instead of folds of cloth, folds of *sheet-lead* formed the nucleus of his compress, which was applied in the same manner as before. I called upon him occasionally to watch the progress of his treatment, and, after the end of ten days after the application of the lead compress, I found him suffering much pain in the knee-joint, from the severe pressure which he had made, but no diminution in the size of the tumour or the force of the pulsations, the latter being readily felt through the compresses when applied with all the force which he could endure. I advised him to discontinue what I considered a hazardous proceeding, and to abbreviate his sufferings by submitting to the usual operation. Notwithstanding, being a man of very strong resolution, he determined to pursue this course still longer, and abide the issue. At this time, however, he threw aside the lead compress, and filled its place with *a ball of caoutchouc*, which he bound upon the tumour with all the force he could endure. Not long after, perhaps two or three weeks, I called again to see him, and was much surprised, upon examining the limb (which he exhibited with no little triumph), to find the tumour much diminished in size, and the *pulsation gone.* I could also distinctly feel several arteries pulsating about the knee-joint, evincing an increased development of the anastomosing branches of the femoral. From this time, the tumour in the popliteal space was gradually absorbed, and at the end of a few months had entirely disappeared."

Case of Hermaphroditism.—Dr. Jno. Neill communicated to the College of Physicians the following curious example of hermaphroditism, in a black brought to the anatomical rooms of the University of Pennsylvania:—

She dressed as a female, and was apparently twenty-five or thirty years of age, judging by her teeth and general appearance. Very little information could be obtained concerning her habits and propensities. She resided among the degraded blacks in the lower portion of the city, and died from drunkenness and exposure, according to the verdict of the coroner's jury.]

From a superficial view of the pelvis and genitals, almost any one would have pronounced the subject to have been a *hypospadic male*, notwithstanding the large mammæ and the want of hair upon the face.

The breadth of the shoulders compared with the narrowness of the hips, and the form and development of the limbs would, alone considered, have indicated the male sex.

The representative penis was five inches in length, and one inch in diameter; and the skin, prepuce, glans, corona, fossa navicularis, and orifice of the urethra presented an appearance like that of a penis. But, by lifting up or turning aside the penis, it was found that the fossa navicularis was split, and that the urethra was wanting. In the place of the urethra there was a groove reaching from the glans penis to an oblique opening in the perineum. The cuticle lining the groove was thin and shining; it was also deficient in pigmentary cells. On each side of this groove there was a fold of skin commencing near the middle of the side of the penis, and stretching around the perineal orifice. The interior of this fold showed it to be the analogue of the nymphæ or corpus spongiosum.

The perineal opening was the commencement of a passage common to the bladder and vagina, and its diameter was equal to that of a common-sized catheter, although the orifice appeared much larger, owing to its obliquity.

The scrotum existed upon one side only. It was corrugated with transverse rugæ, and covered as usual with hairs and sebaceous follicles. To the touch it gave the idea that it contained two hard bodies.

Internal Organs.—These were completely female, though not perfectly developed. The dissection was commenced by opening the abdominal cavity, and the contents of the pelvis were examined in connection with the external parts.

The bladder was natural in position and size. There was no prostate, and the urethra was about one inch in length, and opened into the perineal passage.

The uterus was small, but symmetrical; to its sides were attached the broad ligament, holding it in its proper relation to the rectum and bladder.

The Fallopian tube of the right side had no free and fimbriated extremity, but terminated in a sac which was adherent to the ovary.

The ovaries were small, spherical, and corrugated; a section exhibited the usual fibrous tissue and vesicles.

The right round ligament of the uterus was exceedingly thick, and appeared to be muscular; but, upon examination with the microscope, it was found to be composed of white and yellow fibrous tissue. It reached to the bottom of the scrotum, where it was firmly attached.

The *scrotum* contained an irreducible omental hernia, probably congenital. The hernial sac contained also a small hardened mass, which was supposed to be a representative testicle, but it contained no true glandular structure or excretory tube. The vagina was of the proper length, but extremely narrow, especially where it approached the perineal orifice.

The above case would be classified under the head of "*spurious hermaphroditism*" in the female, according to Professor Simpson's article on this subject in the *Cyclopædia of Anatomy and Physiology.*—*Quarterly Summary of Transactions*, N. S., Vol. I. No. 3.